California Department of Public Health (CDPH)
Licensing and Certification Program (L&C)
Aide and Technician Certification Section (ATCS)
MS 3301, P.O. Box 997416
Sacramento, CA 95899-7416
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40 HOUR HOME HEALTH AIDE (HHA) TRAINING PROGRAM FACULTY APPLICATION

Name of School/Facility/Training Agency				Date
Address (Number and Street or P.O. Box Number)	City	County	State	Zip Code

NAME	CALIFORNIA REGISTERED NURSE LICENSE		PUBLIC HEALTH NURSE CERTIFICATE NUMBER
	Number	Expiration Date	

PARTICIPATING CONSULTANTS

NAME	PROFESSION	CERTIFICATION, REGISTRATION, LICENSE NUMBER	SUBJECT	NUMBER OF HOURS